February 29, 2024

Web Announcement 3293

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for January 2024 Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of January 2024 and have compiled a list of the top 10 reasons for which professional claims have denied. The table below lists the top 10 error codes along with the Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions, and instructions to providers on how to resolve the claim denials.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
452	452	No Medicare Coinsurance, Deductible or Copay Due	Provider will need to verify the co-insurance, deductible or co-pay amount in the Medicare crossover details fields. See the Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
2003	3006	Client ineligible on DTL DOS (detail level date of service)	Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan. This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Customer Service Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the Online Provider Enrollment (OPE) tool. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
4021	0698	No CVG (Coverage) Rule for Procedure	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. Provider will need to verify that the NDC is a payable and covered code. Providers may reach out to the Pharmacy Benefits Manager at: (800) 695-5526 or visit https://nevadamedicaid.magellanrx.com/home
5046	5046	Exact Duplicate: Lab to Lab	Claim is an exact duplicate of a previously paid claim. Provider will need to review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the EVS. Please review the EVS User Manual Chapter 3: Claims and for further instruction.
7215	7215	Procedure Code is Incidental	The procedure code is incidental, or considered inclusive, to another billed line and is not separately payable. Providers should review the recipient's benefit plan to ensure that the code being billed is a code covered by the recipient's benefit plan and has not already been billed and paid.
1009	1009	Contract Could not be Determined	Review provider contract dates to verify provider is contracted with Nevada Medicaid for dates in question. Provider may need to submit a new enrollment application to Nevada Medicaid via the OPE tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing National Provider Identifier (NPI) is enrolled with Nevada Medicaid for the dates of service. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.